

# EAST HOLMES LOCAL SCHOOLS

6108 CR 77 MILLERSBURG, OH 44654

# TIMESHEET

Payroll Office 330-893-2610 ext 1006

EMPLOYEE: \_\_\_\_\_  
(Print Name)

EMPLOYEE ID# \_\_\_\_\_  
(or Last 4 Digits of Social Security Number)

SIGNATURE \_\_\_\_\_

\_\_\_\_\_  
CERTIFIED CLASSIFIED  
(Please check appropriate classification)

POSITION \_\_\_\_\_

SCHOOL \_\_\_\_\_

**\* TIME SHEETS MUST BE COMPLETED IN FULL AND RECEIVED IN THE TREASURER'S OFFICE BY THE FRIDAY PRIOR TO PAY DATE**

DATE	START TIME	END TIME	TOTAL TIME WORKED <small>Do not include non-paid lunch</small>	DESCRIPTION <small>(explain reason for extra hours and/or overtime)</small>

**\* All Comp-Time used or accumulated must be recorded on Time Sheets for Supervisor verification**

SUPERVISOR SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

## For Treasurer Office Use Only:

TOTAL HRS \_\_\_\_\_ EX HRS \_\_\_\_\_ @ \$ \_\_\_\_\_ = \_\_\_\_\_

MISC 1 \_\_\_\_\_ @ \$ \_\_\_\_\_ = \_\_\_\_\_

OT HRS \_\_\_\_\_ @ \$ \_\_\_\_\_ = \_\_\_\_\_

MISC 2 \_\_\_\_\_ @ \$ \_\_\_\_\_ = \_\_\_\_\_